



**COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

*Return completed form to:*

**MA Department of Telecommunication & Cable  
Attn: Competition Division  
1000 Washington Street, Suite 820  
Boston, MA 02118-6500**

**Certificate of Withdrawal**

The exact legal name of the company is: \_\_\_\_\_

DBA: \_\_\_\_\_

Federal Identification Number is \_\_\_\_\_

-or

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

The above-named entity:

[ ] Ceased conducting business in the Commonwealth of Massachusetts as of \_\_\_\_\_  
(month, date and year);

[ ] Hereby withdraws its registration to conduct business within the Commonwealth as a:

( ) Payphone Provider      ( ) other type telecommunications services provider;

[ ] understands that the withdrawal of its registration will prevent the company from operating and/or providing telecommunications services.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Print or Type Name, Title

\_\_\_\_\_  
Address (street, city, state, zip)

\_\_\_\_\_  
Phone number where Authorized Person can be reached